## PART B - FEE(S) TRANSMITTAL

OEC 0 5 2005	his form, together wi	th applicable f	ee(s), to: <u>M</u> or <u>F</u>	F	Mail Stop ISS Commissione P.O. Box 145 Alexandria, V 571) 273-288	er for Pa 0 Virginia	atents	•	
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Jay H. Maioli Cooper & Dunham 1185 Avenue of th New York, NY 100		a	ddressed to the ansmitted to the	hat this Fe vice with s Mail Sto	p ISSUE FEE	l is being ge for firs address	g deposited with the United st class mail in an envelope above, or being facsimile ate indicated below.		
12/06/2005 WABDELR3 00000031 09804008				H	Jay H. N		Haisl.		(Depositor's name) (Signature)
01 FC:1501 02 FC:1504		.00 OP .00 OP			December	1, 2	005		(Date)
APPLICATION NO.	FILING DATE	FIRST NAM		INVENTOR		ATT	ATTORNEY DOCKET NO.		CONFIRMATION NO.
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUB	LICATION FEE		TOTAL FEE(S) [		DATE DUE
nonprovisional	NO	\$1400	)		\$300		\$1700		02/16/2006
EXAMINER		ART UNIT		CLA	SS-SUBCLASS	$\neg$			
MEI, XU		2644		7	700-094000				
1. Change of correspondenc CFR 1.363).  Change of correspond Address form PTO/SB/1  "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME ANE	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)								
PLEASE NOTE: Unless	s an assignee is identified b n 37 CFR 3.11. Completion	elow, no assignee	data will appe	ar on the	patent. If an a	ssignee is	identified belo	w, the d	ocument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Sony Corpor	Tokyo,	Japar	ı						
Please check the appropriate	e assignee category or catego	ories (will not be pr	inted on the pa	tent):	☐ Individual 〔	 XI Corpor	ation or other p	rivate gro	oup entity Government
4a. The following fee(s) are			. Payment of F	-		<del>i_</del>			<u> </u>
Issue Fee	A check in the amount of the fee(s) is enclosed.								
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.						
Advance Order - # or	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-3125 (enclose an extra copy of this form).								
_ ~ .	(from status indicated above MALL ENTITY status. See	•	☐ b. Applica	nt is no l	onger claiming S	SMALL E	NTITY status. S	See 37 C	FR 1.27(g)(2).
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